



Santa Rosa County Sheriff's Office

Santa Rosa County Sheriff's Office

Sheriff Bob Johnson



CITIZEN COMPLAINT

Please Print

Date and time of this complaint:

8-24-17

Incident #:

Reference Complaint #:

Police brutality
SI # 17-022

Deputy Taking Complaint:

Capt. Davis

ID #:

Complainant:

Austin

lee

Williams

First

Middle

Last

Address:

4697 geiger Rd. Milton

FL

32583

Street

City

State

Zip Code

Home Phone:

850-382-4197

Work Phone:

Cell Phone:

Other 850-516-3017

Date and time incident occurred:

Location/Address of occurrence:

Milton Florida Sheriff's office / 5755 East Milton Rd

Employee(s) involved in allegations(s):

detention officer

Witness:

Name

Street Address

City/State

Home Phone

Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s):

got to Santa Rosa

Jail Sally door 1 room door B3 during being unhand cuffed I had my left hand on the wall I explained to the officer that I had broke my right arm (ulna bone) 3 times for him to be carefull while unhandcutting me. As soon as I said that he intentionally forced my wrist upward and I heard a snap. It hurt so bad I teared up because I was in so much pain. When being finger printed he was rough when taking my finger prints on my right wrist. I have never been in trouble and was falsely accused of something I did not do. I'm disabled and when coming to this place has made me have nightmares I cannot believe I was treated like a criminal.

back

Santa Rosa County Sheriff's Office

Findings: See memo attached

Actions Taken: Information reviewed, no action taken.

Final Clearance:

- | | |
|---|---|
| <input type="checkbox"/> Exonerated | Proper conduct, An incident occurred as described, but the member was found not to be negligent or at fault. |
| <input type="checkbox"/> Sustained | (Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true. |
| <input type="checkbox"/> Not Sustained | The investigation discloses insufficient evidence to clearly prove or disprove the allegation. |
| <input checked="" type="checkbox"/> Unfounded | The investigation revealed sufficient facts to indicate that the incident did not occur. |
| <input type="checkbox"/> Partially Sustained | The incident has two or more allegations, and at least one of the allegations is sustained. |
| <input type="checkbox"/> Violation not based on original Complaint: | Investigation discloses violation(s) not mentioned in the initial allegation. |

Complaint Notification of Findings:

Date: _____ By: _____

Comments: _____

☐ Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand That any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of \$500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to \$1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed: [Signature]

Sworn to and subscribed before me this 24 day of Aug, 2017

Witness: [Signature] 05/14
(Per F.S.S. 117.10)